

Testimony of Debi Brown RN, BSN, CNOR
House Health Policy Committee
In support of SB 605
March 23, 2010

Good morning Mr. Chair and members of the House Health Policy Committee.

You have already heard the testimony of my friend Connie Sargent, who explained what an RN Circulator does and our legislation. I'm also here today representing the Association of periOperative Registered Nurses and myself as a surgical nurse. I'd also like to thank you for the opportunity to speak on behalf of the nursing community in support of Senate Bill 605. My portion is to explain about AORN and the role the organization plays in this very specialized area of nursing and how it contributes to patient safety.

What Is AORN

The Association of periOperative Registered Nurses (AORN) is the authoritative national association committed to improving patient safety in the surgical setting. AORN's mission is to promote safety and optimal outcomes for patients undergoing operative and other invasive procedures. AORN **promotes safe patient care** and is **recognized as an authority** for safe operating room practices and a definitive source for evidence based information and research guided principles that support day-to-day perioperative nursing practice. AORN collaborates with professional and regulatory organizations, industry leaders, and other healthcare partners who support the mission, and provides nursing practice support and professional development opportunities to perioperative nurses.

Patient Safety

AORN has a demonstrated a **long-standing commitment to surgical patient safety**. As part of this commitment, the Patient Safety First initiative was launched in 2002 with the purpose of providing direction for AORN patient safety activities and assisting members in meeting the Joint Commission's National Patient Safety Goals. Since that time, AORN has become a recognized leader in surgical patient safety and much of its activities around education and evidence-based nursing practice directly or indirectly support patient safety. In fact, many of AORN's recommendations are used as standard protocol in surgeries across the country and in more and more countries throughout the world.

National Quality Forum (NQF)'s 28 Never Events

You have in your packet a list of the 28 NEVER EVENTS, events which should never occur compiled by the National Quality Forum (NQF), a not-for-profit group commissioned by the Department of Health and Human Services to explore patient safety issues. Of these 28 events, 19 can be directly related to operating room visits, indicating the high risk of patients within the surgical environment. Should the level of expertise of the person circulating be any **less** than that of a perioperative registered nurse given these circumstances?

There have been voluntary efforts to involve multiple hospitals in improving patient care. The Michigan Hospital Association's Keystone Center for Patient Safety & Quality was created by Michigan hospitals in March 2003 to bring together hospitals, state and national patient safety experts, and evidence-based best practices to improve patient safety and reduce costs by enhancing the quality of care delivered. While the Keystone Initiative is an admirable goal, it is **voluntary, not mandatory**, with full participation by a small portion of facilities that provide surgical services.

CMS Language

Some of you may ask, "Isn't this standard already required in the hospital accreditation standards?" The short answer is **no**, the CMS and the Joint Accreditation standards do not have the level of specificity provided by SB 605. The CMS language states that a registered nurse circulator should be "**readily available**" during a surgical procedure. While better than current Michigan law, which is silent on this issue, this is simply not enough. **SB 605 requires** the nurse circulator to be present for the duration of the surgical procedure, unless it becomes necessary for the nurse to leave the room as required by the procedure, or if the nurse is relieved by another circulating nurse. This addition to the CMS language is necessary for patient safety. As explained, the job of an RN Circulator is to **monitor the entire surgical procedure**. If the RN Circulator is not present in the room because they are in another procedure, then they can't fulfill their role of protecting the patient during the surgery.

Thank you for your attention and your support of SB 605.